

DEPENDENCY STATEMENT - FULL TIME STUDENT 21 - 22 YEARS OF AGE	CONTROL NUMBER	<i>Form Approved OMB No. 0730-0014 Expires May 31, 2004</i>										
The public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0014), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.												
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.												
PRIVACY ACT STATEMENT												
AUTHORITY: 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; EO 9397, November 1943. PRINCIPAL PURPOSE: To obtain information to determine dependency upon service member. ROUTINE USE(S): Copies of the dependency statement, related correspondence, and information from either may be furnished to the FBI for law enforcement; the IRS and state and local taxing agencies for tax administration; the VA to determine entitlement and prevent duplication of payment; the Defense Finance and Accounting Service for final determination in appeal cases; welfare agencies to prevent duplication of payment; and the American Red Cross (ARC) for locator purposes and to aid in delinquent loans owed to ARC. DISCLOSURE: Voluntary; however, the SSN is used for positive identification and if the required information is not furnished, the member's application may be disapproved.												
INSTRUCTIONS												
This form is used to determine Basic Allowance for Housing (BAH) eligibility for students 21 - 22 years of age. Member completes Items 1 and 15. Member, student, or student's custodian completes Items 2 through 14, and has the form notarized. Answer every question. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Report and verify any income in GROSS amounts. <u>A verification of enrollment at an institution of higher learning is required.</u> Verification must be on official school letterhead, and include the school's name and address, the student's status (full-time or part-time), the projected graduation date, and the school's official stamp. Proof of member's contribution (dependent support allotments, cancelled checks, copies of money order receipts, etc., is required.												
1. ENTITLEMENTS REQUESTED <i>(X and complete as applicable)</i>												
a. TYPE <input type="checkbox"/> BAH <input type="checkbox"/> USIP CARD <input type="checkbox"/> TRAVEL ALLOWANCE	b. FIRST APPLICATION? <input type="checkbox"/> YES <i>(If No, give date of last application)</i> <input type="checkbox"/> NO <i>(YYYYMMDD)</i>	c. LAST APPLICATION WAS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED										
2. MEMBER INFORMATION												
a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. RANK										
d. STATUS <i>(X and complete as applicable)</i> <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED <i>(Date of death) (YYYYMMDD)</i> <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i>												
e. COMPLETE RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>												
f. COMPLETE MILITARY ADDRESS <i>(Include assignment: squadron and base)</i>												
g. TELEPHONE NUMBERS <i>(Include DSN or Area Code)</i> (1) WORK (2) HOME	h. E-MAIL ADDRESS	i. MARITAL STATUS <i>(X one)</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED										
3. STUDENT												
a. NAME <i>(Last, First, Middle Initial)</i>	b. SSN	c. DATE OF BIRTH <i>(YYYYMMDD)</i>										
d. COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>	e. HAS STUDENT EVER BEEN MARRIED? <i>(If Yes, attach a copy of annulment decree, final divorce decree, or death certificate of student's spouse.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO											
4. SCHOOL INFORMATION												
a. NAME OF SCHOOL	b. COMPLETE SCHOOL ADDRESS <i>(Street, City, State, ZIP Code)</i>											
c. X ALL MONTHS STUDENT ATTENDS SCHOOL												
YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
d. DOES STUDENT ATTEND SCHOOL ON A FULL-TIME BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO						e. MONTH AND YEAR STUDENT EXPECTS TO GRADUATE						

a. (1) NAME (Last, First, Middle Initial)		b. (1) NAME (Last, First, Middle Initial)	
(2) RELATIONSHIP TO STUDENT		(2) RELATIONSHIP TO STUDENT	
(3) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)		(3) COMPLETE ADDRESS (Street, Apartment Number, City, State, ZIP Code)	
c. IS/ARE OTHER PARENT(S) IN ANY BRANCH OF SERVICE, INCLUDING RESERVE OR NATIONAL GUARD (X one) (If Yes, show rank, name, SSN, and military address.)		<input type="checkbox"/>	YES <input type="checkbox"/> NO
d. DOES OTHER PARENT CLAIM STUDENT FOR BASIC ALLOWANCE FOR HOUSING (BAH), TRAVEL ALLOWANCE, OR USIP CARD (X one) (If Yes, explain.)		<input type="checkbox"/>	YES <input type="checkbox"/> NO

a. ADDRESS WHERE STUDENT RESIDES WHILE ATTENDING SCHOOL <i>(Street, Apartment Number, City, State, ZIP Code)</i>																	
b. TYPE OF RESIDENCE <i>(X and complete as applicable)</i>																	
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c. ADDRESS WHERE STUDENT RESIDES, IN EXCESS OF 90 DAYS, WHILE NOT ATTENDING SCHOOL <i>(Street, Apartment Number, City, State, ZIP Code)</i>																	
d. TYPE OF RESIDENCE <i>(X and complete as applicable)</i>																	
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<input type="checkbox"/>	OTHER <i>(Explain)</i> _____																

List all persons who live in the household, including claimed student. If employed, show hours per week worked. Continue in Remarks if more space is needed.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RELATIONSHIP TO STUDENT	c. AGE	d. MARRIED <i>(X)</i>		e. EMPLOYED	
			YES	NO	HOURS PER WEEK	NO <i>(X)</i>

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If student resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If student does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section.

ITEM		(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM		(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. (X one)				d. FURNITURE AND APPLIANCES			
<input type="checkbox"/>	RENT <input type="checkbox"/> FRV			e. REPAIRS ON HOME			
<input type="checkbox"/>	MORTGAGE (Specify amount of tax and insurance if applicable)						
	TAX						
	INSURANCE			f. OTHER (Itemize in Remarks section)			
b. FOOD							
c. UTILITIES (Heat, power, water, and telephone)							

9. STUDENT'S PERSONAL EXPENSES. List all of the student's personal expenses regardless of who is paying for them.					
ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE		
a. CLOTHING		f. PERSONAL TAXES <i>(Specify)</i>			
b. LAUNDRY AND DRY CLEANING		g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in student's name)</i>			
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>		h. MONTHLY TRANSPORTATION PAYMENTS <i>(Include gas, oil, insurance, repairs, and public transportation)</i>			
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>		i. OTHER <i>(Specify)</i>			
e. PERSONAL INSURANCE <i>(Specify)</i>					
10. STUDENT'S SCHOOL EXPENSES. List all of the student's school expenses even if covered by scholarship, grant, or other financial aid.					
ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE		
a. TUITION		e. BOARD <i>(Food)</i>			
b. BOOKS		f. OTHER SCHOOL EXPENSES <i>(Specify)</i>			
c. SPECIAL FEES					
d. ROOM <i>(Rent)</i>					
11. STUDENT'S INCOME All gross income received by or in behalf of the student, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the student. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.					
SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			g. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR <i>(Specify)</i>		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			h. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION <i>(Specify type)</i>			i. VETERANS ADMINISTRATION PAYMENTS <i>(Specify type)</i>		
d. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN <i>(Include agency and address in Remarks section)</i>		
e. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER <i>(Specify)</i>		
f. TAX REFUNDS <i>(Specify)</i>					
12. STUDENT'S EMPLOYMENT					
a. HAS STUDENT BEEN EMPLOYED DURING THE PAST 12 MONTHS?		YES	NO <i>(If Yes, furnish the following:)</i>		
b. NAME OF EMPLOYER		c. DATE EMPLOYMENT STARTED <i>(YYYYMMDD)</i>	d. DATE EMPLOYMENT ENDED <i>(YYYYMMDD)</i>	e. MONTHLY SALARY <i>(Gross)</i>	
f. TYPE OF WORK PERFORMED			g. REASON EMPLOYMENT ENDED		
13. MEMBER'S CONTRIBUTION					
a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE STUDENT'S SUPPORT FOR EACH OF THE PAST 12 MONTHS.					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY <i>(X one)</i>		<input type="checkbox"/> ALLOTMENT <input type="checkbox"/> OTHER <i>(Explain)</i>		<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> MONEY ORDER

14. REMARKS (Use a separate sheet of paper if necessary)

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

15. SIGNATURES

a. MEMBER, STUDENT, OR CUSTODIAN OF STUDENT

I/we _____ (print name(s)) will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE

(2) DATE SIGNED (YYYYMMDD)

b. NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, _____, at city (or town) of _____, county of _____,

and state (or territory) of _____.

(Notary)

(Official Seal)

(Official Title)

c. MEMBER

(1) SIGNATURE

(2) DATE SIGNED (YYYYMMDD)